



GEORGE ROMNEY, Governor

R. GERALD RICE, M.D.
Acting Director

STATE OF MICHIGAN

DEPARTMENT OF PUBLIC HEALTH

3500 N. LOGAN, LANSING, MICHIGAN 48914

US EPA RECORDS CENTER REGION 5



505003

April 5, 1968

Mr. Leonard E. Lais, City Director
City of Monroe
120 South Monroe Street
Monroe, Michigan 48161

Subject: **City of Monroe Sanitary Landfill - Monroe County**

Dear Sir:

Your application for a license of the above solid waste disposal facility has been approved by this department.

Enclosed is your current license No. 2922. This license is issued with the following stipulations:

1. Core wall & diking to be completed to vicinity of test hole #4 before commencing operation.
2. Completion of entire dike within 2 months of date of initial filling process.

We solicit your cooperation in operating your facility in a sanitary manner in compliance with Act 87, Public Acts of 1965.

Very truly yours,

LaRue L. Miller, Chief
Section of Environmental Health
Division of Engineering

By: **Fred B. Kellow, Chief**
Environmental Health Planning Unit

FBK/CS

Enc.

cc: Michigan Water Resources Commission
Monroe County Health Department



"Equal Health Opportunity for All"

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENGINEERING

O:
Michigan Department of Public Health
Division of Engineering
3500 North Logan Street
Lansing, Michigan 48914

DO NOT WRITE IN THIS SPACE

Bonding Co. Municipal
Agent _____
Address _____
License No. 2922
Bond Value _____
Loc. Code _____

APPLICATION FOR SOLID WASTE DISPOSAL AREA LICENSE

(See back of last copy for instructions)

(Fill out in triplicate)

☒ new ☐ renewal ☐ addition

Application is hereby made to the Director, Michigan Department of Public Health, for a license to operate a solid waste disposal area under the provisions of Act 87, P.A. 1965.

Effective ~~February 1, 1968~~ January 26, 1968

NAME OF DISPOSAL AREA City of Monroe Sanitary Landfill Size 13.46 ±
(acres)

LOCATION Monroe Monroe
(county) (city, village or township) (section)
approx. 500 feet south of Conant Avenue's southerly terminus
(address or additional location description)

NAME OF PROPERTY OWNER City of Monroe Address 120 South Macomb St., Monroe, Mich. 48161
(individual, firm, township, city, etc.) (include zip code)

NAME OF OPERATOR City of Monroe Address 120 South Macomb St., Monroe, Mich. 48161
(include zip code)

RESPONSIBLE PERSON TO CONTACT 5
(if other than operator)
Address 5
(include zip code)

TYPE OF DISPOSAL OPERATION: (If more than one area involved file separate application for each)
☒ Sanitary Landfill ☐ Hog Feeding
☐ Incineration ☐ Other _____ (specify)

TYPE OF MATERIAL HANDLED: (check one or more)
☒ General Refuse ☐ Garbage ☒ Industrial Waste ☐ Liquid Waste ☐ Rubbish ☐ Other _____ (specify)

FEE: The required annual license fee of \$25.00 ☐ is ☐ is not attached.
(governments and agencies thereof exempt.)

BOND: The power of attorney and bond in the amount of _____ is attached.
(bond of \$500.00/acre, minimum bond \$2500.00)

* exempt municipality

I hereby certify that the foregoing information is accurate and complete

Leonard E. Leis Leonard E. Leis, City Director
(signature and title of applicant)

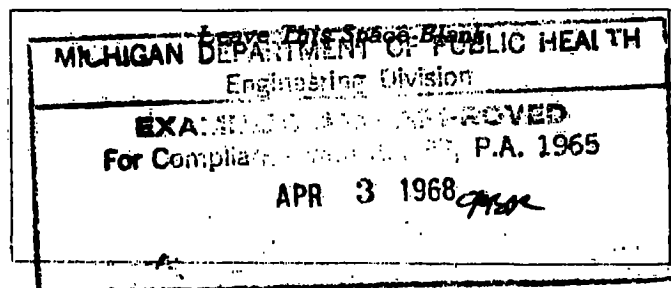
Any disposal operation possibly involving the use of the waters of the State also requires the submission of a new or increased use statement to the Water Resources Commission as provided by Act 245, P.A. 1929 as amended

acknowledgment of receipt of annual \$25.00 license fee
received by me on

_____ 19__

Signature _____

Title _____



PERFORMANCE BOND - FORM FOR MUNICIPAL SOLID WASTE DISPOSAL LICENSE

City of Monroe Sanitary Landfill
(Name of Disposal Area)

Monroe
(County or City)

KNOW ALL MEN BY THESE PRESENTS:

That THE CITY OF MONROE, of 120 S. Macomb St., Monroe
(Name of Municipality, Township or Authority) (Street Address and Post Office)

as principal, is firmly bound unto the Director of the Department of Public Health on behalf of the State of Michigan to well and truly perform as per conditions cited below.

Whereas, the principal has made application for a license to establish, maintain, and/or conduct a solid waste disposal area within the State of Michigan in accordance with the provisions of Act 87 of the Public Acts of 1965.

Now therefore, the condition of this obligation is such that if the above bounden principal shall:

1. Faithfully perform all the provisions of Act 87 of the Public Acts of 1965, and
2. Faithfully comply with the applicable rules on solid waste disposal promulgated under the provisions of Act 87 of the Public Acts of 1965, and
3. Faithfully comply with the provisions of any stipulations under which the license is issued,

then this obligation shall be void, otherwise it shall remain in full force and effect. This bond is further executed and accepted subject to the following conditions and limitations:

This bond shall be in force for a period beginning with the date of issue of the license and ending on August 31 next following.

IN WITNESS WHEREOF, the principal herein has hereunto affixed his hand and seal.

Thomas S. [Signature]

Thomas S. [Signature]
Witness to signature of principal

CITY OF MONROE, MICHIGAN

Thomas S. [Signature] *City Director*
Principal Title

Feb. 9, 68
Date

SOLID WASTE DISPOSAL AREA PLAN CHECKLIST

Name of operation Monroe Sanitary Landfill

Location of operation Pod Authority property w/ Expressway So. of Monroe

Plans prepared by Leonard Heis. Registration Required ☒

Site Description ☒ ^{municipal.} Type of waste _____ Estimated amount ☒

Existing grades shown ☒ Preliminary and final grades shown ☒ Scale ☒

Control of Access ☒ Fencing ☒ ^{railroad.} Earth Berm _____ Access Roads ☒

On-site roads ☒ Fill area shown ☒ Sketch of operational methods ☒

Cross section of typical cell construction ☒ Foul weather area ☒

Cover: Daily ☒ Final ☒ Borrow area shown ☒

Structures on site ☒ ^{plum crabs} Water courses shown ☒ ^{Dikes on S + West side.} Surface water protection ☒

Ground water level ☒ Ground water protection ☒ Surface drainage ☒

Utilities shown ☒ Soil types shown ☒ Test borings located ☒

Soil stability suitable to support fill _____ Equipment to be used ☒

Remarks: Core wall & diking ^{To be} completed to vicinity of test hole ^{before commencing operation}

1st stage before starting

2nd " within 2 months -

(2) completion of ^{entire} diking within 2 months of

starting date of initial filling process.

Reviewed by _____ Date _____